

CANDIDATE'S STATEMENT OF ORGANIZATION AND CLAUTH of WHIP (CFA-1) DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE State Form 4604 (R11/11-05) AUG 0 1 2007

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

		<u> </u>						\$ \$	FILE NUMBER	
1. IS THIS AN AMENDMENT?	□ No	Yes If Y	es, plea	ise ente	r the file	numbe	er in this bo	x →	07-157	
SECTION A CANDIDATE	EINFO	RMATION: FI	ill in al	l applic	able bo	res as	fully and	accura	itely as possible.	
2. Last Name	First Name		_	Middle N	iame	Nickname			3. Type of Committee (Check one)	
Shrum Ku		Kurt	11-4		اعملتسيي				☐ Candidate's Principal Committee	
4. Malling Address		Nari		100	Dougla 15. FAX(OD)		100	le e	Exploratory Committee	
					6. FAC (U)	Juonan		o. E-mai	il Address (Optional)	
7. City	State	ZIP Code	8. Co		()	9. Telephone (Day)		<u> </u>		
,		IN		unty	•	a. reiebud			10. Telephone (Evening)	
11. Party Affiliation	1 `			T. 2-		()			<u>l(</u>	
Democratic Libertarian Rep	ublican E	7 Other		12.0	Office Sougi	ht (Includ	de district numb	er, if any.	Not required for an exploratory committee.	
			m is su		A PERSON	STATE CARE		*10 T 50 T	itely as possible. " * * *	
13. Full Name of Committee (Do not al	breviate)	Check if this is	s a new na	awe awe	able bo	(65,65	siunyano	accura	ilely as possible	
·	·									
14. Mailing Address					15. FAX (Optional) 16.			146 E	all Address (Ostssell	
						15. FAX (Optional)		10. E4112	ail Address (Optional)	
17. City	State	State ZIP Code		18. County) 19. Telephone		100.0		
	*****	2 0000	10.0	15. County		13. 16	epnone		20. Committee Organization Date (MM-DD-YY)	
21. Chairperson's Full Name De						()			
21. Chairperson a Full Name Li De	signate C	andidate as Chairper	rson 📙	Check if t	his is a new	chairpen	son			
22. Mailing Address					23. FAX (O	ptional)	tonal)		24. E-mail Address (Optional)	
				())		Vir.	90195/-11 chotma 1 com		
25. City	State	ZIP Code	26. Co	ounty		27. Te	lephone (Day)		90195/_1) chotmail cor 28. Telephone (Evening)	
					•	1,			,	
29. Bank or Other Depositories (List el	l banks or	other depositories in	which the	e committe	e deposits fo	unds, hoi	lds accounts, re	nts safety	deposit boxes or maintains funds)	
FORUM		EDITU							,	
30. Exploratory Committee (Give brief sta	tement exp	laining purpose of an expi	loratory com	mittee only.)	31. Salari	es and F	Reimbursemen	ts (Will the	e committee pay the candidate a salary or	
			-		reimburse	ment for	lost wages? If	Yes, attaci	h a copy of the contract.) \(\subseteq \text{No} \subseteq \text{Yes}	
SECTION C. APPOINTME	NT OF	TREASURE	7 II C 2	0.4.47	心影響	1 20 35 1	ar St. Harris Hall	Const. Sec. Sec.		
32. I, as Chairperson of th	e fore	going Person App	ointed Tr	easurer	Trianscencer	A RE AND IN		of the Co	mmittee Chalrperson	
committee, appoint the following	g perso	on as					Join State of	01 810 00	minutes Onali person	
Treasurer of the Committee. 33. Treasurer's Full Name Design		<u></u>								
33. ITEESURETS FULL Name Design	nate cand	idate as treasurer	∐ Check	of this is a	new treasur	er				
34. Mailing Address					35. FAX (O	. FAX (Optional)		36. E-mail Address (Optional)		
					(:)				
37. City	State	ZIP Code	38. Co	unty		39. Tel	ephone (Day)	· · · · · ·	40. Telephone (Evening)	
						۱,)		()	
SECTION D. ACCEPTANT	CE OF	APPOINTMEN	JT (IC	3-9-1-1	5)***		the state of	11	The state of the s	
41. I give notice that I accept	the dut	ies and respons	.eaitllidl	of Trea	curer of t	hielSir	nature of Pe	rson Ac	cepting Appointment	
Committee. I am not the chair	oerson e	of a campaign fi	nance c	committe	e (except	as				
permitted for a candidate commit SECTION E. CERTIFICAT	lee unge	3716 3-9-1-7). 	Transaction :	e in San	Parket Park	Rest Conne	e in experience	a rather than	500 00000	
We certify as the candidate an	d the d	STATEMEN	200			4.70			FOR OFFICE USE ONLY	
examined this statement. To the b	est of o	ur knowledge an	namper: d belief i	son or t itis-truc	correct a	nttee a	nd that we	have		
42. Typed or Printed Name of Cha	irpersor	n Signature o			/		Date (MM-DD-Y	Y)		
Kurt D Jh		a Brass	4 U	ノメメ	, , , =,				•	
43. Typed or Printed Name of Can	r ut m	Signature of	f Condid	100	yg-		<u>の ワー30 ·</u> Date (MM-DD-Y			
1/ 1 0 01	uto		Land	7/	'					
	rum		T 4	100	un		07-30-			
Warning: State law requires that any c who knowingly files a fraudulent report of	hange in t	this information be re	eported w	ithia 10 d	ays of the ci	hange (/	C 3-9-1-10). A	erson		
report as required by the Indiana Campai	gn Financ	ce Law commits a Cla	3-14-1-13 ass B mis	y. A perso demeanor	n who fails ' (IC 3-14-1-1	to tile a 4), and r	complete or ac nay be subject	curate to civil		
penalties (IC 3-9-4-16, IC 3-9-4-17, and I	C 3-9-4-1	8)				,,	_,			